

REMARKS OF

THE HONORABLE  
HENRY A. WAXMAN,  
CHAIRMAN,  
SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

BEFORE  
THE SCRIPPS

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REMARKS OF HENRY A. WAXMAN AT THE SCRIPPS CLINIC AND  
RESEARCH FOUNDATION--OCTOBER 22, 1980

I AM PLEASED AND HONORED TO BE WITH YOU TODAY AND TO JOIN WITH YOU IN THE DEDICATION OF THE NEW LABORATORY AT SCRIPPS.

I WOULD LIKE TO GIVE SPECIAL THANKS TO DR. CHARLES EDWARDS, PRESIDENT OF THE SCRIPPS CLINIC AND RESEARCH FOUNDATION AND FORMER COMMISSIONER OF THE FOOD AND DRUG ADMINISTRATION, FOR ARRANGING FOR ME TO BE HERE. AS I LOOK AROUND THIS BEAUTIFUL AND WELL-RUN CAMPUS TODAY, I CAN ONLY REMIND DR. EDWARDS THAT IF EVER HE GETS RESTLESS, HE SHOULD REMEMBER THAT THE FDA'S EXTENSION OF SACCHARIN RUNS OUT AGAIN IN WASHINGTON NEXT YEAR AND THAT HIS EXPERIENCE WITH CYCLAMATES COULD BE VERY USEFUL.

I'M SURE DR. EDWARDS IS ENJOYING LA JOLLA VERY MUCH.

AS A NATIVE CALIFORNIAN, I AM ALWAYS PLEASED TO BE ABLE TO COME BACK FOR THE HAPPY EVENTS OF THIS AREA, AND THE DEDICATION OF THIS BEAUTIFUL NEW BUILDING IS ONE OF THE MOST PROMINENT CAUSES FOR CALIFORNIAN CELEBRATION IN A LONG TIME. SCRIPPS METABOLIC CLINIC AND THEN SCRIPPS CLINIC AND RESEARCH FOUNDATION HAVE ALWAYS HAD A STRONG LOCAL AND REGIONAL REPUTATION FOR RESEARCH AND SERVICE. IN RECENT YEARS THAT RENOWN HAS GROWN TO BE NATIONAL AND INTERNATIONAL. THE BUILDING WE ARE DEDICATING TODAY--AND THE ACHIEVEMENT IT REPRESENTS AND PROMISES--CONFIRM THIS RENOWN AND MAKE IT CLEAR THAT SCRIPPS IS A MAJOR NATIONAL HEALTH RESOURCE.

I AM ESPECIALLY HONORED TO BE ASKED TO DEDICATE  
A NEW IMMUNOLOGY BUILDING BECAUSE WE ARE ON THE VERGE  
OF NEW BREAKTHROUGHS IN UNDERSTANDING DISEASE. IMMUNOLOGY  
RESEARCH AT THIS INSTITUTION HAS BEEN AT THE FOREFRONT OF  
THESE BREAKTHROUGHS. NEVER HAS THE OPPORTUNITY FOR  
UNDERSTANDING IMMNOLOGICAL DISEASES AND THE ROLE OF IMMUNE  
MECHANISMS IN CANCER BEEN GREATER. THE PROMISE OF ALLEVIATING  
ALLERGIC AND AUTOIMMUNE DISORDERS HAS STIRRED GREAT HOPE.  
NEW TREATMENTS FOR VIRAL DISEASE, GREATER UNDERSTANDING OF  
GENETIC DISEASES, AND THE APPLICATIONS OF RECOMBINANT DNA  
TECHNOLOGY ARE FORTHCOMING.

BUT PERHAPS MORE THAN ANY OF THESE REASONS, I AM  
PARICULARLY PLEASED TO BE PART OF THIS CEREMONY BECAUSE  
I BELIEVE THAT IMMUNOLOGY AS A SCIENCE AND AS AN IDEA IS  
A NECESSARY NEW SYMBOL AND STANDARD FOR ALL HEALTH CARE  
AND HEALTH RESEARCH. IT REPRESENTS A REAL AND COST-  
EFFECTIVE ALTERNATIVE TO TRADITIONAL REMEDIAL WORK.

WE HAVE SPENT A VERY LONG TIME AND A GREAT DEAL OF  
MONEY ON AD HOC TREATMENTS AND ON INDIVIDUAL THERAPIES.

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"HEALTH CARE" HAS BECOME A MISLEADING DESCRIPTION: PATIENTS, PRACTITIONERS, GOVERNMENTS, AND RESEARCHERS--ALL HAVE COME TO EXPECT "DISEASE MANAGEMENT" RATHER THAN "HEALTH CARE."

WITHIN THIS PATTERN, HOWEVER, THE NEW--AND, AT SCRIPPS, THE RENEWED--DEDICATION TO IMMUNOLOGY RESEARCH AND PREVENTIVE CARE SEEMS TO ME TO BE THE MOST PROMISING PROSPECT FOR HEALTHIER AMERICANS.

THE SEARCH FOR REMEDIES IS CERTAINLY A STRONG TRADITION IN THE HISTORY OF MEDICINE AND BIOMEDICAL RESEARCH. CURES FOR CANCER AND CURES FOR COLDS HAVE BEEN THE MOST POPULAR NEWSPAPER HEADLINES OVER THE PAST FORTY YEARS. WONDER DRUGS AND MIRACLE THERAPIES HAVE BEEN THE WORK OF GENERATIONS OF INVESTIGATORS AND THE DREAM OF TWENTY-ONE CONGRESSES NOW.

BUT THIS SEARCH FOR HELP IS, IN MANY WAYS, TOO LIMITED. IT PRODUCES ISOLATED AID FOR A FORTUNATE FEW AND HAS FUNDAMENTALLY LIMITED THE HEALTH OF THE NATION.

REMEDIAL TECHNOLOGY IS OFTEN POPULAR AND ITS RESULTS ARE OFTEN DRAMATIC. BUT IT CAN ONLY RARELY MAKE THE SUBSTANTIVE CONTRIBUTION TO SCIENCE AND HUMAN WELFARE THAT CAN BE MADE BY RESEARCH INTO THE CAUSES AND THE PREVENTION OF ILLNESS.

TREATMENT AND CURES ARE ALSO OFTEN SHORT-SIGHTED IN THEIR VIEWS OF PATIENTS AND PEOPLE. CAT SCANNERS, BYPASS SURGERIES, AND ARTIFICIAL HEARTS ARE ALL MEDICAL MARVELS.

BUT THEY ARE EXPENSIVE TOOLS AND THEIR AVAILABILITY IS NECESSARILY LIMITED. THEY ARE ELITE "DISEASE MANAGEMENT," NOT PUBLIC "HEALTH CARE."

THE 1980'S WILL DRAMATICALLY RECAST OUR PUBLIC HEALTH STRATEGY OF TREATING DISEASE, AND PLACE INCREASING EMPHASIS ON PREVENTING DISEASE.

THIS NATION'S FIRST PUBLIC HEALTH REVOLUTION WAS THE WAR ON INFECTIOUS DISEASES, AND THE SUFFERING AND LOSS OF LIFE THEY BROUGHT TO OUR INFANT AND AGING POPULATION. ITS STRATEGIES INCLUDED MAJOR SANITATION MEASURES, THE DEVELOPMENT OF EFFECTIVE VACCINES AND MASS IMMUNIZATION. SO SUCCESSFUL WAS THIS FIRST REVOLUTION THAT TODAY, ONLY ONE PERCENT OF PEOPLE WHO DIE BEFORE AGE 75 IN THE UNITED STATES DIE FROM INFECTIOUS DISEASES.

IN 1900, THE LEADING CAUSES OF DEATH WERE INFLUENZA, PNEUMONIA, DIPHTHERIA, TUBERCULOSIS AND GASTROINTESTINAL INFECTIONS. IN THAT YEAR THE DEATH RATE FROM THESE MAJOR ACUTE DISEASES WAS 580 FOR EVERY 100,000 PEOPLE. TODAY BARELY 30 PEOPLE PER 100,000 DIE EACH YEAR FROM THESE DISEASES.

REMARKABLE GAINS IN LIFE EXPECTANCY HAVE OCCURED SINCE 1900. THEY WERE ACHIEVED NOT JUST BY TREATMENT AND BY CURATIVE MEDICINE, BUT BY PREVENTIVE AND HEALTH-PROMOTING MEASURES: IMPROVED SANITATION, BETTER NUTRITION, THE PASTEURIZATION OF MILK, THE CONTROL OF INFECTIOUS DISEASES.

DEATH RATES FROM THE MAJOR ACUTE INFECTIOUS DISEASES PLUMMETED FROM 1900 TO 1970. BUT DURING THE SAME PERIOD, THE DEATH RATE FROM MAJOR CHRONIC DISEASES INCREASED MORE THAN 250%.

SO THE NEW, THE SECOND PUBLIC HEALTH REVOLUTION THAT IS DESCRIBED IN THE SURGEON GENERAL'S REPORT "HEALTHY PEOPLE," IS ONE WHICH WILL TRY TO PREVENT CHRONIC DISEASES RATHER THAN RELYING ENTIRELY ON TREATMENT AFTER THEY HAVE STRUCK.

FOR A NUMBER OF YEARS, LACK OF KNOWLEDGE ABOUT THE ORIGINS OF THESE CHRONIC DISEASES BARRED US FROM DEVELOPING PREVENTIVE STRATEGIES. THAT IS NO LONGER TRUE. AND NEW KNOWLEDGE FROM RESEARCH IS STEADILY INCREASING OUR CAPACITY FOR PREVENTION.

THE SERUMS AND VACCINES OF IMMUNOLOGY HAVE PREVENTED MORE ILLNESS THAN THE CURES CAN CURE. SOON IMMUNOLOGY WILL MAKE THE OCCURENCE OF HEPATITIS ANOTHER OF THE BAD MEMORIES OF THE PAST. PERHAPS SOON THERAFTER CANCER WILL ALSO BE ONLY THAT.

IN THE COLDEST OF ECONOMIC TERMS, I WOULD DESCRIBE THE MOVES OF "HEALTH CARE" TOWARD IMMUNOLOGY AND DISEASE PREVENTION AS THE SIMPLE MAINTENANCE OF SOCIAL ASSETS AND PHYSICAL PLANTS. AS WE MOVE TO AID AMERICAN BUSINESSES AND CITIES TO MAINTAIN THEIR FACTORIES AND FACILITIES, SURELY WE MUST MOVE TO DO AS MUCH FOR THE WORKERS AND RESIDENTS. THE "NEW HEALTH CARE"--LIKE ALL MODERN INDUSTRY--CANNOT WAIT FOR THE MACHINERY TO BREAK DOWN. THE COSTS OF SUCH WAITING AND AD HOC TREATMENT--IN TERMS OF LOST PRODUCTIVITY, OF MEDICAL AND TECHNICAL SERVICES, AND OF HUMAN SUFFERING--ARE TOO HIGH.

FOR THESE REASONS, IMMUNOLOGY (AND ITS PARALLEL, INNOVATIVE CLINICAL SERVICES) SEEMS TO ME TO BE THE THEORY, THE METAPHOR, AND THE SYMBOL FOR THE "NEW HEALTH CARE."

BUT WHILE THIS "OUNCE-OF-PREVENTION" THEORY OF THE



"NEW HEALTH CARE" CAN BE SIMPLY DESCRIBED, THE POLICIES AND POLITICS OF SUCH A PLAN ARE DIFFICULT INDEED. THE HISTORIC AND ECONOMIC HURDLES THAT MUST BE CLEARED BEFORE A PROJECT SUCH AS THIS LABORATORY CAN BE COMPLETED MAKE THE SUCCESS OF THE SCRIPPS PROGRAM A NATIONAL ACHIEVEMENT OF WHICH WE ALL SHOULD BE PROUD.

RESEARCH IS A PECULIAR COMMODITY. IT IS EXPENSIVE. ITS POTENTIAL APPLICATIONS AND BENEFITS ARE EDUCATED GUESSES, AT BEST. AND, IN A MARKETPLACE WHICH DEPENDS ON LIMITATIONS AND LICENSES AND PROPERTY RIGHTS TO SELL AND TO COLLECT ROYALTIES AND TO PROVIDE RETURN ON INVESTMENT, HEALTH RESEARCH IS OFTEN A CLASSIC MARKET FAILURE.

IF CATASTROPHIC ILLNESS AND A MARKETABLE CURE ARE INVOLVED, MANY COMPANIES WILL UNDERTAKE INVESTIGATIONS OF THEIR OWN AND WILL COMPETE FOR PATENTS AND BREAKTHROUGHS.

BUT IT IS, I REPEAT, AN EXPENSIVE BUSINESS. WHO WILL INVEST IN CHANCES TO PREVENT CANCER? WHO CAN AFFORD TO SPECIALIZE IN THE STUDY OF HEALTHY LIVERS OR OF NORMAL AGING?

BUT WHO WILL NOT BENEFIT FROM SUCH STUDY?

SINCE THE LATE THIRTIES, THE FEDERAL GOVERNMENT HAS RECOGNIZED THIS PUBLIC NEED AND THIS MARKET FAILURE AND HAS ASSUMED RESPONSIBILITY FOR MUCH OF THE SUPPORT OF HEALTH RESEARCH. THE NATIONAL INSTITUTES OF HEALTH REPRESENT THIS FEDERAL COMMITMENT TODAY AND, IN THIS YEAR, NIH WILL

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SPEND NEARLY THREE AND A HALF BILLION DOLLARS.

AS CHAIRMAN OF THE SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT, I INTRODUCED THE HEALTH RESEARCH ACT OF 1980, LEGISLATION WHICH I REGARD AS A SOLID STATEMENT OF SUPPORT FOR THIS FEDERAL RESPONSIBILITY AND FOR THESE PROGRAMS AND AS AN ATTEMPT TO COORDINATE FEDERAL HEALTH RESEARCH AND HEALTH CARE POLICIES. IN A TIME WHEN EVERYONE RECOGNIZES THE NEED FOR FISCAL RESTRAINT, IT IS IMPORTANT THAT THE CONGRESS FULFILL ITS LEGISLATIVE RESPONSIBILITIES AND MAKE REAL DECISIONS ABOUT ALL HEALTH POLICY AND THE ALLOCATION OF RESOURCES.

I DO NOT MEAN TO SUGGEST THAT WE SHOULD BRING . . . POLITICS INTO BIOMEDICAL RESEARCH: ACCOUNTABILITY OF RESEARCH IS A MATTER FOR PROFESSIONAL DISCIPLINE AND REVIEW. BUT I DO BELIEVE THAT DISCUSSIONS OF RESEARCH PROGRAMS AND GOALS OUGHT NOT TO BE ISOLATED FROM THOSE OF CLINICAL CARE. WITHIN SUCH A COMBINED REVIEW, IT BECOMES CLEAR THAT ANY ATTEMPT TO CUT COSTS BY REDUCING RESEARCH WOULD BE ONLY A COSMETIC CHANGE THAT WOULD QUICKLY COST AMERICAN HEALTH CARE MUCH MORE THAN COULD BE SAVED.

THIS LEGISLATION PASSED IN THE HOUSE OF REPRESENTATIVES BY AN OVERWHELMING MAJORITY AND I AM CONFIDENT THAT OUR INVESTMENT IN RESEARCH IN HEALTH CARE WILL CONTINUE TO PRODUCE GENEROUS DIVIDENDS FOR ALL AMERICANS.

BUT AS WITH ALL FEDERAL INTERVENTIONS AND ALL AID PROGRAMS, THE QUESTION REMAINS: HOW SHOULD WE INTERVENE?

PURELY PRIVATE CONCERNS, SUCH AS CORPORATE RESEARCH AND SOME NON-PROFIT FOUNDATIONS, RECEIVE FEDERAL RESEARCH ASSISTANCE IN THE FORM OF PATENT PROTECTIONS AND TAX INCENTIVES.

THEN THERE ARE THOSE WHO WOULD HAVE THE GOVERNMENT CREATE ITS OWN RESEARCH CORPS, A PUBLICLY MANAGED INTERNAL PROGRAMS WHICH WOULD ABSORB THE FEDERAL DOLLAR AND PRODUCE PUBLIC RESEARCH. (INDEED, THIS YEAR NIH WILL SPEND ABOUT THREE HUNDRED EIGHTY-FIVE MILLION DOLLARS TO CONDUCT ITS OWN RESEARCH AT ITS CAMPUS IN BETHESDA, MARYLAND.)

BUT, TO MY MIND, THE MOST PRODUCTIVE INTERVENTION BY THE FEDERAL GOVERNMENT IN HEALTH RESEARCH IS A HYBRID OF

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THESE TWO PURE MODELS: OF NIH'S THREE-AND-A-HALF-BILLION-DOLLAR 1980 BUDGET, NEARLY NINETY PER CENT WAS SPENT TO SUPPORT RESEARCH AT UNIVERSITIES, MEDICAL CENTERS, HOSPITALS, AND RESEARCH INSTITUTIONS. SUCH AN APPROACH OF EXTRAMURAL SUPPORT HAS PRODUCED DIVERSE SCIENTIFIC ACHIEVEMENTS WHICH ARE UNITED BY THEIR QUALITY. SUCH AN APPROACH HAS ALSO FOSTERED THE GROWTH OF A STRONG INDEPENDENT RESEARCH COMMUNITY AND HAS AIDED PROMISING LOCAL FACILITIES, SUCH AS THE SCRIPPS METABOLIC CLINIC, TO BECOME MAJOR NATIONAL HEALTH RESOURCES, SUCH AS THE SCRIPPS CLINIC AND RESEARCH FOUNDATION IS TODAY.

IF YOU WILL ALLOW ME, I WILL TRY TO COMPARE THIS PUBLIC/PRIVATE RESEARCH HYBRID WITH SOME OF MY NEW KNOWLEDGE ABOUT IMMUNOLOGY AND IMMUNOGENETICS. (I HAVE MET EXTENSIVELY WITH MANY MEMBERS OF THE BIOMEDICAL RESEARCH COMMUNITY THIS YEAR, AND WHILE I'M NOT SURE THAT ALL OF THEM HAVE LEARNED NEW POLITICS, I HAVE CERTAINLY LEARNED SOME NEW SCIENCE.)

MANY OF MY MORE CONSERVATIVE COLLEAGUES IN THE CONGRESS ARE FOND OF DESCRIBING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A "GOVERNMENTAL CANCER" WITH A LIFE OF ITS OWN. I DO NOT OFTEN AGREE WITH THIS CHARACTERIZATION, BUT LET ME USE IT NOW TO SAY THAT IF IT WERE TRUE, THEN THE NIH PROGRAM SEEMS TO ME TO BE THE BEST OF "HYBRIDOMA TECHNIQUES."

I'M SURE THAT THE RESEARCHERS WHO ARE HERE TODAY COULD DO BETTER, BUT LET ME TRY TO EXPLAIN.

THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES HAS TOLD ME THAT THEIR MOST EXCITING NEW RESEARCH TOOL IS THE "HYBRIDOMA TECHNIQUE." A HYBRIDOMA IS THE ARTIFICIAL COMBINATION OF HUMAN LYMPH CELLS WITH CELLS DESCENDED FROM BONE CANCERS. THE HYBRIDOMA CELLS INHERIT THE MACHINERY FOR PRODUCING ANTIBODIES FROM THE LYMPHATIC CELLS BUT ALSO INHERIT REPRODUCTION AND INDEPENDENT IMMORTALITY FROM THE CANCER CELLS. THE INSTITUTE REPORTS THAT THESE HYBRIDS WILL SOON BECOME "A SOURCE OF EXQUISITELY SPECIFIC ANTIBODIES" TO FIGHT DISEASE.

I DON'T WISH TO PRESS THE ANALOGY TOO FAR, BUT THIS TECHNIQUE SEEMS TO BE JUST LIKE OUR PUBLIC AND PRIVATE RESEARCH RELATIONSHIP. RECOGNIZING THAT THE MARKET WOULDN'T PRODUCE HEALTH RESEARCH, THE GOVERNMENT HAS STEPPED IN TO PROVIDE SUPPORT AND GROWTH. BUT JUST AS IMPORTANTLY, THE FEDERAL SUPPORT IS DEPENDENT UPON PRIVATE ORGANIZATIONS, SUCH AS SCRIPPS AND SLOAN-KETTERING, TO PRODUCE THE DIRECTION AND EFFECTIVE BENEFITS OF THIS GROWTH.

ONE WITHOUT THE OTHER IS INADEQUATE. TOGETHER THEY CAN AND HAVE BECOME THE SOURCE OF "EXQUISITELY SPECIFIC" RESEARCH.

BUT THIS ANALOGY IS, UNFORTUNATELY, LIMITED IN ONE SIGNIFICANT ASPECT. HYBRIDOMAS CAN HAVE REPRODUCTIVE IMMORTALITY FAIRLY EASILY IN A FLASK. AGAIN I MUST SAY THAT RESEARCH IS NOT SO EASY: IT IS EXPENSIVE TO MAINTAIN.

THE CONGRESS' PAST SUPPORT OF THE NATIONAL INSTITUTES

OF HEALTH HAS BEEN ADMIRABLE AND I WILL CONTINUE TO WORK TO INCREASE THIS SUPPORT. THE HEALTH RESEARCH ACT WILL GO FAR TOWARD DOING SO. IF THE SAME CONGRESSIONAL COMMITTEES WHICH AUTHORIZE THE TENS OF BILLIONS OF DOLLARS FOR MEDICARE AND MEDICAID ARE ALSO CONVERSANT WITH THE PROGRESS AND PROBLEMS OF BIOMEDICAL STUDY, HEALTH RESEARCH AND HEALTH CARE WILL BECOME A MORE COHERENT POLICY WHICH BETTER SERVES SCIENTISTS, PATIENTS, AND TAXPAYERS.

BUT I MUST REPORT TO YOU THAT THERE ARE BUDGET FEVERS AND MILITARY FEVERS RISING IN WASHINGTON AND THAT SINCE HEALTH PROGRAMS MAKE UP THE LARGEST SEGMENT OF DOMESTIC SPENDING, THEY ARE THE MOST VULNERABLE TO BUDGET CUTS.

I AM CONVINCED THAT THE CONGRESS WILL NOT LET THE SCIENTIFIC GENIUS OF THIS COUNTRY GO TO WASTE. BUT I ENCOURAGE YOU TO BECOME ACTIVE IN ENSURING THAT IT DOES NOT. NO MATTER HOW GREAT YOUR PAST ACHIEVEMENTS, DURING THESE TIMES OF BLIND AND SHORT-SIGHTED BUDGET CUTTING, NONE OF YOU CAN REST ON YOUR LAURELS, HOW EVER WELL-DESERVED SUCH LAURELS AND SUCH REST MAY BE.

I AM RESOLVED THAT THE GROWTH AND DIRECTION OF THE PAST SHALL BE CONTINUED AND I INVITE YOUR SUGGESTIONS AND YOUR AID AS I WORK TO MAKE THIS POSSIBLE.

WITHOUT SUCH GROWTH AND DIRECTION, "DISEASE MANAGEMENT"  
FOR A FEW WILL BE ALL THAT THE NATION CAN EXPECT FROM THE  
FUTURE. WITH SUCH PRIVATE AND PUBLIC AIDS, AND WITH IMMUNOLOGY  
AS A SYMBOL, AMERICANS CAN LOOK FORWARD TO "EXQUISITELY  
SPECIFIC" RESEARCH WHICH WILL LEAD US TO THE "NEW HEALTH  
CARE."

THANK YOU FOR INVITING ME TO BE HERE TODAY. I  
CONGRATULATE YOU ON YOUR ACHIEVEMENT.